



IOWA DEPARTMENT OF NATURAL RESOURCES

UNDERGROUND STORAGE TANK PROFESSIONAL LICENSING INDIVIDUAL

[Reference Chapter 134 of the Iowa Administrative Code]

"CASHIER USE ONLY"

Mark type of license(s) you wish to receive with an "X":

	"X"
INSTALLER	
INSTALLATION INSPECTOR	
TESTER (Tank/Line Tightness)	
CP TESTER (Cathodic Protection) (Must have NACE or STI certification)	
LINER	
REMOVER	
Subtotal:	\$ 200
Plus \$150 COMPLIANCE INSPECTOR (Initial Application Fee) (Must first be an Iowa-licensed Installer or Installation Inspector)	+ _____
Plus \$50 COMPLIANCE INSPECTOR (Renewal Fee)	+ _____
Plus \$50 Late Fee (Renewals received Nov. 1 thru Dec. 31)	+ _____

A non-refundable check or money order payable to 'Iowa Department of Natural Resources' must accompany each application.

Total Amount of Check/Money Order
(attached): \$ _____

APPLICANT INFORMATION:

EMPLOYER INFORMATION:

Individual's ID# (issued by DNR): _____	
Applicant Name: _____	Company Name: _____
Home Mailing Address: _____	Company Mailing Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Cell or Mobile Phone Number: (_____) _____	Company Telephone: (_____) _____
Work Phone: _____	F A X: (_____) _____
Social Security Number*: _____	Company Contact: _____
E-Mail Address: _____ (Please Print Clearly)	

*The Iowa Department of Natural Resources is required to collect social security numbers from all persons obtaining an occupational license under section 252J.8 of the Code of Iowa and 42 U.S. Code 666(a)(13). Your social security number will serve as your principal identification number to determine your eligibility for licenses. It will be provided to law enforcement agencies and the Iowa Child Support Collection Unit to establish, modify and enforce child support obligations. Your social security number WILL NOT appear on your UST license certificate.

Is this application in response to a previous denial of certification under 567--Chapter 134 of the Iowa Administrative Rules? ☐ Yes ☐ No If yes, explain:

Have you ever received a notice of violation, been under suspension, been part of a consent order and agreement, or been issued an Administrative Order? ☐ Yes ☐ No If yes, explain:

If this is a request for a renewal license, have you completed your biennial continuing education requirements? ☐ NO ☐ YES

Please indicate course title, organization and date completed AND attach a Certificate of Completion for each.

COURSE TITLE	ORGANIZATION	DATE COMPLETED	CEUs EARNED

List other professional registrations and licenses that you currently hold that relate to underground storage tanks (i.e., engineer, plumber, electrician, etc.) Please include out-of-state licenses.

CERTIFICATION OR LICENSE TYPE	LICENSE NUMBER	ISSUING AGENCY	STATE	DATE ISSUED

Have any of the above licenses or registrations ever been suspended or revoked? ☐ NO ☐ YES

If Yes, please explain:

LIST THE UST SYSTEM MANUFACTURERS BY WHOM YOU HOLD CURRENT CERTIFICATION AND THE EQUIPMENT FOR WHICH YOU HAVE BEEN CERTIFIED (i.e., Modern Welding, Veeder Root, Xerxes, Pisces-OPW, etc.). Please attach certificate or approval notice for each:

Manufacturer/Company	Equipment	Expiration Date

What type of work do you currently perform (i.e, installer, tester, liner, inspector)?

How many years have you performed this work?

How many years have you worked in the petroleum equipment industry?

Who is your supervisor, and how might he/she be contacted (phone, e-mail, etc.)?

Have you had any legal action or formal complaints lodged against you as a result of your UST work?

☐ NO ☐ YES If Yes, please explain:

DO YOU OR YOUR EMPLOYER HAVE AT LEAST \$1,000,000 OF POLLUTION LIABILITY INSURANCE IN EFFECT FOR ALL LICENSED INDIVIDUALS? ☐ NO ☐ YES

Name of Insurer: _____

NOTE: A copy of current policy and certificate of insurance **MUST** be on file in our office, or it will need to be provided with this application.

I hereby certify that the statements made in this application and all attached documents are true and accurate to the best of my knowledge. I understand that any statement made by me that is not accurate may serve as grounds to invalidate any certificate.

Signature of the Applicant (*In Ink*)

_____/_____
Date

APPLICATION FEE:

A non-refundable check or money order payable to the Department of Natural Resources must accompany each renewal application. Remit these fees, completed application, and required information to:

**Iowa Department of Natural Resources
Underground Storage Tank Section
Wallace State Office Building
502 E Ninth Street
Des Moines, IA 50319-0034**

515/281-8779 or 515/281-8879

(Q:UstProfessionals/IndividualApp)